MEDICAL DECORD	CHRONOL	OCICAL DECORD OF	EMEDICAL CADE	
MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE DATE: Immunizations Clinic, Naval Hospital, Yokosuka, Japan				
LIVE VIRUS VACCINATION PATIENT CONSENT				
years old female presents for live virus vaccination with MMR / Varicella / Yellow Fever vaccine.				
Last menses was/ (mm/dd/yyyy)				
Patient advice (all patients must read and sign):				
Little information is available on the deleterious effects of most vaccines on a developing fetus. Rubella vaccine is probably the best studied immunizing agent in this regard. Because a number of women have inadvertently received this vaccine while pregnant or soon before conception, the Centers for Disease Control and Prevention has collected data about the outcomes of their births. From 1971-1989, no evidence of congenital rubella syndrome (CRS) occurred in the 324 infants born to 321 women who received rubella vaccine while pregnant and continued pregnancy to term. As any risk to the fetus from rubella vaccine appears to be extremely low or zero, individual counseling of women in this situation is recommended, rather than routine termination of pregnancy. The final decision rests with the patient and her physician. Because of the theoretical risk to the fetus of infections with any live virus vaccine, females should be absolutely certain that they are not pregnant before they receive these vaccines. If there is any chance that you are pregnant, do not receive these vaccines, unless your OB/GYN physician has told you, in writing, to do so. To be absolutely safe, a woman who receives any live virus vaccine should not become pregnant for one month.				
Anyone who fits the categories listed below should also not receive live virus vaccines without a written prescription from a physician:				
 -Anyone with cancer, leukemia or lymphoma. -Anyone taking a drug that lowers the body's resistance to infection, such as prednisone or cortisone. -Anyone who has received gamma gobulin (immune gobulin) within the last three months. -Anyone that has documented allergies to any vaccine(s) or vaccine components. -Anyone who is allergic to neomycin (MMR, Varicella), gelatin (MMR, Varicella, Yellow Fever), chicken (Yellow Fever), and eggs (Yellow Fever) 				
Patient (Circle)				
I am / I am not practicing a method of birth control. Type of birth control is I have been counseled as to the potential risks of receiving live virus vaccines if I am pregnant or become pregnant within three months, I understand what I have read on this consent form, and I am not pregnant.				
Patient's Name		Patient's Signature Date		
Medical Staff				
contraindications were note vaccine. Use of a reliable for	d and the patient orm of contracept	was counseled not to become ion was reinforced and post v	/ Yellow Fever live virus vaccine(s). No pregnant within three months of receiving the vaccination precautions were given. Questions dml of MMR / Varicella / Yellow Fever	
Staff Signature		Date	Date	
MEDICAL FACILITY USNH YOKOSUKA, JAPAN	STATUS	DEPART/SERVICE	RECORDS MAINTAINED AT:	
NAME	RANK/GRADE	RELATIONSHIP TO SPONSOR	DATE OF BIRTH	